

S.C.J.A. 23

Rev. 5-98

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES ☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE OF

U.S. v. RAINES

FOR
NORTHERN DISTRICT ILLINOIS
AT
WESTERN DIVISION

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

HAROLD LAMAR RAINES, JR.

CHARGE/OFFENSE (describe if applicable & check box →)

☒ Felony☐ Misdemeanor

18 USC 844(i)(2) & 18 USC 1623

- 1 ☒ Defendant—Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other

DOCKET NUMBERS

Magistrate

District Court

07-CR-56070-4

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT

Are you now employed? ☐ Yes ☒ No ☐ Am Self-Employed

Name and address of employer: _____

IF YES, how much do you
earn per month? \$ _____IF NO, give month and year of last employment
How much did you earn per month? \$ _____If married is your Spouse employed? ☐ Yes ☒ NoIF YES, how much does your
Spouse earn per month? \$ _____If a minor under age 21, what is your Parents or
Guardian's approximate monthly income? \$ _____

OTHER INCOME

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☐ NoIF YES, GIVE THE AMOUNT
RECEIVED & IDENTIFY
THE SOURCES

RECEIVED

SOURCES

\$

FLEX O & ASS PRIOR EMPLOYER
JOHNSON CONTROL PRIOR EMPLOYER

CASH

Have you any cash on hand or money in savings or checking accounts? ☐ Yes ☒ No IF YES, state total amount \$ _____

PROPERTY

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☒ Yes ☐ NoIF YES, GIVE THE VALUE AND \$
DESCRIBE IT

VALUE

DESCRIPTION

\$ 800

91 FORD F-250

DEPENDENTS

MARITAL STATUS

☒ SINGLE☐ MARRIED☐ WIDOWED☐ SEPARATED OR
DIVORCEDTotal
No. of
Dependents

0

List persons you actually support and your relationship to them

DEBTS & MONTHLY BILLS

(LIST ALL CREDITORS,
INCLUDING BANKS,
LOAN COMPANIES,
CHARGE ACCOUNTS,
ETC.)APARTMENT
OR HOME:

Creditors

Total Debt

Monthly Paymt.

CAPITAL ONE CREDIT CARD

\$ 500

CELL PHONE PAST DUE

\$ 800

PAST DUE MEDICAL

\$ 98

RESTITUTION

\$ 55

AUTO INSURANCE

\$1100.00

certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

3/22/08

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Harold L. R. Jr.